BY ORDER OF THE COMMANDER,
PACIFIC AIR FORCES

PACAF DIRECTORY 90-232

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Command Policy

COMMAND SURGEON MISSION PERFORMANCE ASSESSMENT

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This Command Surgeon Mission Performance Assessment implements AFPD 90-2, *Inspector General-The Inspection System*. It applies to PACAF Medical Treatment Facilities. This directory supports guidance in AF Policy Directives, AF Manuals, AF Instructions, and PACAF Instructions. This directory does not apply to Air National Guard (ANG) or US Air Force Reserve Command (AFRC) units and members.

The items listed do not constitute the order or limit the scope of the inspection/assessment. As a minimum, units should use this directory in conjunction with their annual Unit Self-Assessment. The objective is to identify deficiencies, which preclude attainment of expected capabilities. Units can supplement this publication to add internal compliance items. Higher headquarters may use this directory in whole or in part during visits, exercises or inspections.

The checklist represents key health, medical care or response processes, procedures, and requirements that must be accomplished to ensure successful mission accomplishment by the Medical Treatment Facility. Critical inspection items are indicated with a pound sign (#). A pounded item is deemed critical to the proper operation of the functional area. Inspection results for each major area are based on the cumulative assessment of inspectable items. This relationship ensures the overall final inspection result is based as objectively as possible.

The attached mission performance checklist represents key processes, procedures, and requirements that must be accomplished to ensure successful mission accomplishment by medical treatment facilities and aeromedical evacuation squadrons. Items critical to the proper execution of the medical unit's disaster/contingency exercise program require special vigilance and are identified by a pound sign **(#)**. The HQ PACAF Inspector General will grade these items during Unit Compliance Inspection (UCI) visits.

1. *Authorized release of Word (.doc) file can only be acquired by contacting the appropriate OPR directly at DSN 448-3441.*

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Command Surgeon

Attachment 1

COMMAND SURGEON MISSION PERFORMANCE CHECKLIST

(Unless otherwise indicated, Reference AFI 41-106,

Medical Readiness Planning and Training, 12 Feb 03)

A1.1. Medical Readiness Planning and Training:

A1.1.1. (#) Medical Unit Commander appoint in writing a medical Exercise Evaluation Team (EET) Chief and representatives to the Wing EET? (Para 1.6.11)

A1.1.2. (#) Medical Unit Commander appoint in writing the installation Self-Aid and Buddy Care Monitor? (Para 1.6.15 & AFI 36-2238, Self-Aid and Buddy Care Training)

A1.1.3. (#) Medical EET Team Chief coordinate exercise goals and objectives with the MRO and the Medical Readiness Staff Function (MRSF)?) (Para 1.11.3)

A1.1.4. (#) Did the Medical EET members evaluate exercises using established criteria? (Para 1.11.6)

A1.1.5. (#) Did the Medical EET provide unit and wing commander detailed report of exercise outcome/evaluation within 7 days of end of exercise? (Para 1.11.7)

A1.2. Medical Readiness Staff Function (MRSF):

A1.2.1. (#) Did the Medical Commander establish and chair an executive oversight committee IAW para 2.1; Medical Readiness Staff Function (MRSF)? (Para 1.6.4)

A1.2.2. (#) Were post-exercise or incident reports reviewed by the MRSF and attached to the minutes? (Para 6.5.3)

A1.2.3. (#) Were identified areas of concern discussed by the MRSF and assigned OPRs to develop corrective plans with estimated completion dates? (Para 6.5.3)

A1.2.4. (#) Were open items for corrective action tracked through the MRSF until resolved, tested and closed? (Para 6.5.3)

A1.3. Planning Responsibilities:

A1.3.1. (#) Did the medical unit develop and publish a Medical Contingency Response Plan (MCRP)? (Para 4.2)

A1.3.2. (#) Were all annexes listed in Atch 2 of AFI 41-106 addressed in the MCRP? (Para 4.2.1 and Atch 2) EXCEPTION: for annexes that do not apply, the annotation must be made in the annex as “not applicable”, example: Annex R, NDMS Peacetime Operations; Annex V, Aeromedical Evacuation, etc. (Para 4.2)

A1.3.3. (#) Did each annex provide team composition (peacetime disaster teams and UTCs) indicating Air Force Specialty Code (AFSC) supporting the mission? (Para A2.2)

A1.3.4. (#) Did each Annex have an associated checklist? (Para A2.2)

A1.3.5. (#) Did the Medical Control Center have a copy of the MCRP and all supporting checklists? (Para 4.3.1 & 4.3.1.3)

A1.3.6. (#) Did the Medical Readiness office maintain additional copies of the MCRP and checklists for transfer to the shelter and alternate medical facility? (Para 4.3.1.2)

A1.4. MCRP and Unit Disaster Training:

A1.4.1. (#) Did each Disaster team train at least annually, IAW the team's respective annex in the MCRP? (Para 5.8.1)

A1.4.2. (#) Did Team Chiefs identify training requirements and develop an annual team training plan and submit to the MRO for inclusion into the unit master Medical Unit Readiness Training (MURT) plan? (Para 5.8.1)

A1.4.3. (#) Did Team Chiefs document and track team training for MCRP teams? (Para 5.8.3.1)

A1.5. Exercise Requirements:

A1.5.1. (#) Did the unit conduct all required exercises IAW the frequency in AFI 41-106, Atch 7? (Para 6.6.2)

A1.5.2. (#) Were Post-Exercise or Incident Summaries accomplished and submitted to the MRSF for review? (Para 6.5.2.2)

A1.5.3. (#) Did post-exercise or incident summaries include the following information? (Para 6.5.2.2.1 through 6.5.2.2.9):

A1.5.3.1. Participants?

A1.5.3.2. Scenario?

A1.5.3.3. Number and type of casualties?

A1.5.3.4. Objectives?

A1.5.3.5. Achievement of Objectives?

A1.5.3.6. Identification of deficiencies?

A1.5.3.7. Observations?

A1.5.3.8. Recommended correction actions for MRSF review?

A1.5.3.9. Recommended changes to base and medical unit plans and checklists for MRSF review?

A1.5.4. Were all MCRP annexes exercised at least annually? (Para 6.6.1.1.)

A1.6. Full Spectrum Threat Response (FSTR):

A1.6.1. (#) Did the Medical Exercise Evaluation Team (EET) thoroughly plan and design scenarios to simulate the stress and pressure situations that would occur in a real incident? (AFI 10-2501, Para 10.5)

A1.6.1.1. Was the scenario realistic?

A1.6.1.2. Was moulage effectively used to support the scenario's injuries?

A1.6.1.3. Were exercise patients briefed on symptoms and injuries to contribute to scenario realism?

A1.6.1.4. Did the EET monitor safety during the exercise and stop or correct unsafe behavior?

A1.6.1.5. Did the Medical EET representatives participate in base/wing ensure planning to ensure medical training requirements are inserted into exercise scenarios? (AFI 41-106, Para 6.5)

A1.6.1.6. Did scenarios promote both AFSC and non-AFSC-specific training? (AFI 41-106, Para 6.5)

A1.6.2. Were safety measures observed IAW AFJMAN 24-306, AFOSHSTD91-8, AFI 90-901, and AFI 10-2501?

A1.6.2.1. Were wheels always chocked when unattended emergency vehicles were left running?

A1.6.2.2. Were litter straps always used when transporting litter patients?

A1.6.2.3. Was litter lifting and carrying done safely?

A1.6.2.4. Was operational risk management used in responding?

A1.6.2.5. Did the emergency response drivers obtain a safe route before responding to the scene?

A1.6.2.6. Was the casualty collection point/triage area appropriately established based on potential hazards?

A1.6.2.7. Was the casualty collection point/triage area appropriately established based on potential hazards?

A1.6.3. (#) Were there effective communications between the primary response team chief, the OSC, the DCG, MCC and Battle Staff? (10-2501, FSTR Plan, MCRP, AFI 10-2501)

A1.6.3.1. Was appropriate radio etiquette used?

A1.6.3.2. Did exercise messages begin and end with a statement to that effect?

A1.6.3.3. Were communications clear and understanding verified?

A1.6.4. (#) Did the unit follow procedures outlined in the MCRP for contingency responses? (AFI 41-106, Para 4.2)

A1.6.4.1. Was the MCRP current and up-to-date? (AFI 41-106, Para 4.2.4 and 4.2.5)

A1.6.4.2. Were team checklists current and IAW the MCRP?

A1.6.5. Were patient administration teams effective? (AFI 41-106, Para 4.2)

A1.6.5.1. Did they track patient identification, treatment and disposition accurately, and account for all casualties?

A1.6.5.2. Was patient disposition coordinated through the MCC?

A1.6.6. (#) When activated, did the MCC effectively control medical resources and the situation? (AFI 41-106, Para 4.2)

A1.6.6.1. Were checklists current and referred to appropriately?

A1.6.6.2. Did the MCC ensure accountability for medical unit personnel?

A1.6.6.3. Was a log of events established and used to record significant exercise events?

A1.6.6.4. Was patient status kept current and communicated to the Battle Staff?

A1.6.6.5. Was disposition of deceased personnel coordinated appropriately?

A1.6.6.6. Were ancillary services directed appropriately?

A1.6.6.7. Were the units of active duty patients notified of duty status?

A1.6.6.8. Was a MEDRED-C report prepared, if required?

A1.6.7. Was HAZMAT evaluated and managed with input from BEE and, if indicated, PH? (AFI 10-2501, Atch A2.7)

A1.6.7.1. Did the BEE advise the OSC of hazards (health, radiological and environmental) for the immediate situation, protective measures and action to be taken?

A1.6.7.2. Was sampling, classification and identification performed to identify unknown hazardous materials in the hot zone of the HAZMAT incident?

A1.6.7.3. Did the BEE assist HAZMAT team and Fire Department, as appropriate, in performing toxic corridor calculations?

A1.6.7.4. Was medical and environmental surveillance performed to assess and document operational exposures and medical situations?

A1.6.7.5. Was BEE consulted for clean-up and disposal of contaminated and/or hazardous items?

A1.6.8. If necessary, were patients arriving at the medical facility decontaminated appropriately? (AFI 10-2501, Atch A2.6.7)

A1.6.8.1. Was the in-place patient decontamination capability (IPPDC) set up expeditiously and correctly?

A1.6.8.2. Did MTF lock down facility as appropriate, properly securing all doors?

A1.6.8.3. Were facility entry locations established?

A1.6.8.4. Was the facility HVAC system shut down as needed?

A1.6.8.5. Were staff and patients notified in order to prevent panic?

A1.6.8.6. Were WMD assets directed to the correct locations for immediate use?

A1.6.9. Were appropriate/required contingency response teams activated in a timely manner? (AFI 41-106, Para 4.2 and Atch A2.2)

A1.6.9.1. Did they respond to designated location in a timely manner?

A1.6.9.2. Were checklists current and referred to appropriately?

A1.6.9.3. Were disaster team supplies current (no expired medications/supplies) and readily accessible for use?